CERTIFICATE OF CONSENT FOR MARRIAGE

STATE OF	:
COUNTY OF	:
BE IT KNOWN, THAT I (WE), TH	IE PARENT(S) OF(NAME OF MINOR), WHO IS
YEARS OF AGE, AND WHOSE B	(NAME OF MINOR), WHO IS,
DO HEREBY GIVE MY (OUR) CO	ONSENT TO HIS / HER MARRIAGE TO
	T SIGN. IF UNDER A GUARDIAN, THE PROPER RESENTED AT THE TIME THE LICENSE IS
I (WE), THE PARENT(S) DO M PERMITTING AND MAKING LE	AKE THIS AFFIDAVIT FOR THE PURPOSE OF GAL SUCH MARRIAGE.
(SIGNATURE(S) OF PARENT(S)	OR GUARDIAN)
STATE OF	
COUNTY OF	
	LIC, IN AND FOR THE ABOVE NAMED STATE
DESCRIBED IN AND WHO EX	E, OR PROVED TO BE THE SAME PERSON(S) XECUTED THE WITHIN INSTRUMENT, WHO TO BE <u>HIS, HER, THEIR</u> OWN FREE ACT AND
	ICIAL SEAL, THIS THE DAY OF
NOTARY SEAL	_·
	NOTARY PUBLIC
MV COMMISSION EXPIRES:	